

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030980

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 337

Primary Registration District No. 4496

Registrar's No. 29

STATE FILE NUMBER

FILED AUG 9 1963

1. PLACE OF DEATH

a. COUNTY *Shelby*b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN *Shelbyville*Length of stay in 1b
*20-months*c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION *Pleasant Hill*Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Mo.*b. COUNTY *Shelby*c. CITY
OR TOWN *Clarence, Mo.*Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

*Mary Elizabeth Manford*4. DATE
OF DEATH

Month

Day

Year

July 18, 1963

5. SEX

F

6. COLOR OR RACE

*W*7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-30-1876

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Housewife Hull, Ill.

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Hughes

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

Wm Henry Manford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

*No**No**No*

17. INFORMANT

Wilbur Manford Clarence

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Hypostatic Pneumonia*Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Carcinoma of uterus with

DUE TO (c)

metastasis to lungs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III: If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *June 1963* to *July 18, 1963* and last saw her alive on *July 17, 1963*
Death occurred at *July 18, 1963 6:15 a* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

GW Snowland MD

22b. ADDRESS

Shelbyville, Mo

22c. DATE SIGNED

7-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

*Burial**7-20-1963**I.O.O.F.**Shelbina,**Mo.*

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

*Greening Clarence, Mo. 7/19/63**Nolan Allison*

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Permit obtained 7/19/62 (A.A.)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 689
working under my personal supervision.

Student W. J. Downing
Signature of Student Embalmer

Signed Charles V. Thier

Licensed Embalmer No. 47625

P. O. Address Clarence Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.